Tripler Army Medical Center

MEDICAL EVALUATION BOARD OFFICE

Army Physical Disability Evaluation System (APDES) Briefing for Commanders & 1SGs

Purpose

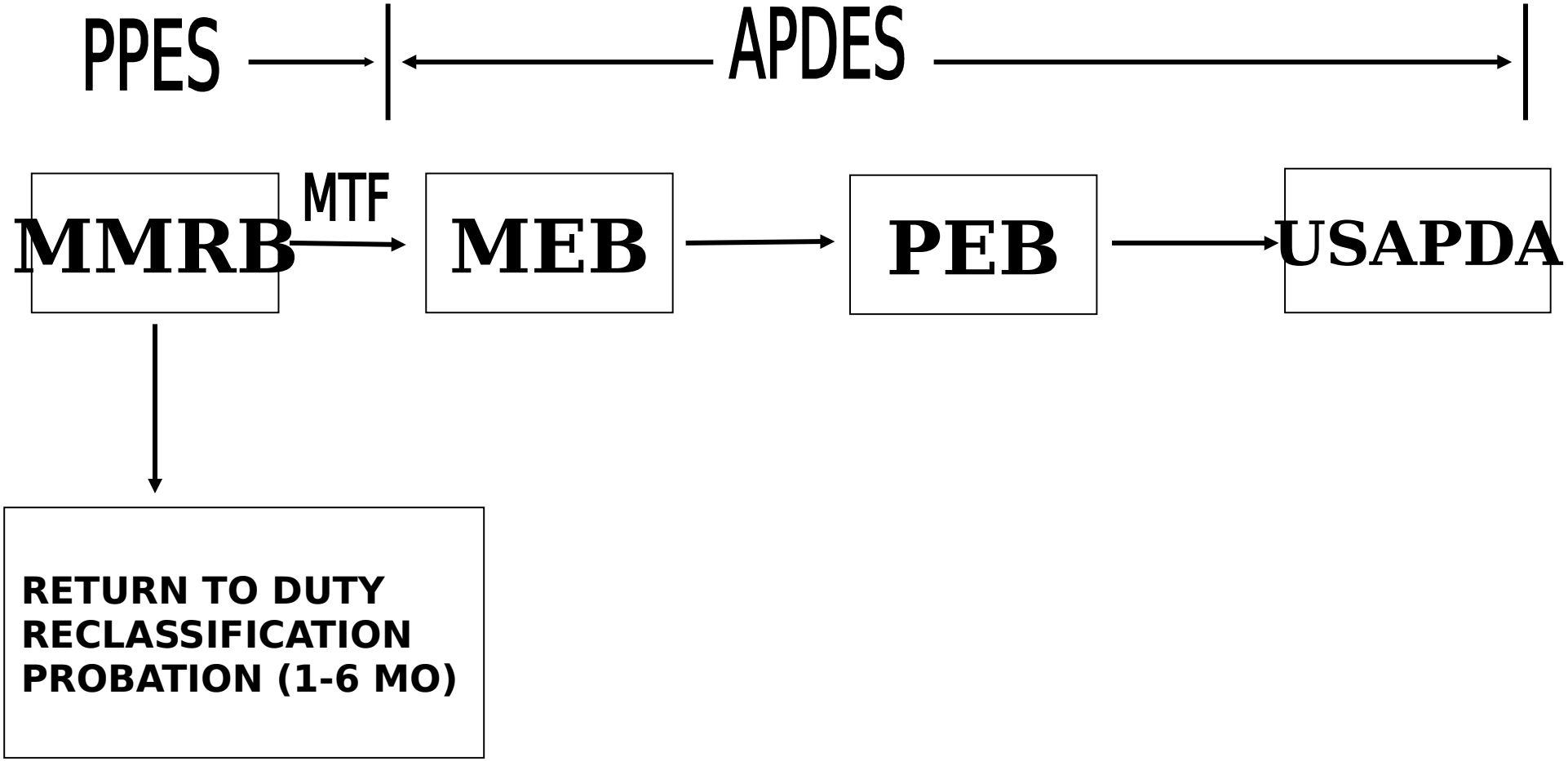
- To provide an overview of the Army Physical Disability Evaluation System (APDES)

- To inform key personnel of their responsibilities during the APDES.

Basic Terminology

- APDES – Physical Disability Evaluation System
- APDAB - Army Physical Disability Appeal Board
- ERB – Enlisted Review Brief
- EPTS – Existed Prior to Service
- FFD – Fit For Duty
- MEB - Medical Evaluation Board
- MMRB - MOS/Medical Retention Board
- ORB – Officer Review Brief
- PDR – Permanent Disability Retirement
- PEBLO – Physical Evaluation Board Liaison Officer
- PEB - Physical Evaluation Board
- PPES – Physical Performance Evaluation System Agency
- SWSP – Separation with Severance Pay
- SWOB – Separation without Benefits
- TDRL – Temporary Disability Retired List
- USAPDA – U.S. Army Physical Disability

Physical Performance/Physical Disability



It all starts with the Physical Profile

DA Form 3349

Physical Profile – DA Form 3349

- All Soldiers issued a permanent profile with a “3” or “4” in PULHES will be referred to PPES -(MMRB) or APDES
- Permanent “3” or “4” profiles – physician needs to determine if limitation meets retention criteria IAW Ch 3, AR 40-501
- If the Soldier meets retention criteria, MMRB is mandatory
- If the Soldier does not meet retention criteria, entry into the physical disability (MEB / PEB) system is mandatory
- The DA 3349 requires profiling officer to check either a MMRB or MEB / PEB box (Block 4c)

Unit/Commander Actions for Profiling

- Review profile, evaluate appropriateness, determine if soldier can perform mission required by his/her PMOS or duty assignment
  - If a Soldier has recurrent temporary profiles, the commander may refer to a medical provider for a “fitness for duty evaluation.”
- Complete the “Action by Unit Commander” section of the profile
- Contact Physician to discuss profile (if needed)
- Provide the S-1/Human Resources profile data for USR proposes. Soldiers with a P3/P4 profile should be reported unavailable for deployment/PCS on USR until cleared through MMRB/PEB.

Who Gets a Copy of the Profile?

- ORIGINAL in Soldier's medical record
- One copy to Unit CDR
- One copy to Soldier
- One copy to MPD (Military Personnel Division) or Personnel Service Center (PSC), as applicable. (For ARNGUS soldiers, the State Military Personnel Office (MILPO)

Physical Performance Evaluation System PPES/MMRB

- **PPES - designed to evaluate Soldiers with permanent medical conditions through MMRB**
  - Determine if Soldier can perform satisfactorily in their PMOS in a worldwide field environment
  - Provide continuity of effort among CDRs, Physicians, Personnel and the Physical Disability system.
  - Allows CDRs to evaluate the physical abilities of their Soldiers and determine if referral into the APDES is necessary.
- **Reference: AR 600-60.**

MMRB
(MOS Medical Retention Board)

- **Not a "medical board" per se – is a administrative board to determine capacity to serve in current MOS / AOC under worldwide deployable conditions**

- **Monthly board:**
  - **O-6/BDE CDR, Field Grade Medical Officer, CSM, 2 x 1SG, Recorder w/o vote**
  - **5 Officers (if the Soldier is an officer)**

- **Possible Outcomes:**

  - Retain, Reclassify, Trial of Duty, Refer to MEB

- **Proceedings approved by General Court Martial Convening Authority (or designee)**

Medical Evaluation Board (MEB) Purpose

- The MEB Process begins when optimum medical care has been reached or when your physician determines you will not be able to return to duty
- Designed to evaluate the Soldier's medical condition(s) to determine if they **do or do not meet the Medical Retention Standards IAW AR 40-501, Chapter 3**
- Documents the Soldier's medical condition(s) and duty limitations
- Refers the Soldier to the Physical Evaluation Board (PEB), when the findings and recommendations stipulate they do not meet retention standards or when referred by an MMRB
- **Does not mean the Soldier is automatically discharged from military service**

A Medical Board is NOT…

- A “MOS reclassification Board”

  -- reclassification is considered by the MOS/Medical Retention Board (MMRB) for Soldiers with P3 who meet retention standards

- The Soldier WILL NOT sit in front of a panel of board members

- The MEB is an **informal** process comprised of at least **two physicians** who compile, assess, and evaluate the Soldier’s medical history to determine if your duty is affected by their medical status

Medical Evaluation Board (MEB)

- Soldier can NOT RECLASSIFY at this point
- Informal board at the Medical Treatment Facility (MTF)
- Documents Soldier's medical status and duty limitations to determine if duty is affected by their medical status
- Unit Commanders authorized to refer Soldiers to MTF for evaluation if Soldier cannot perform duties
  - **Refer to Soldier's Primary Care Manger (PCM)**
  - **Can be in writing on a DD Form 689**
- References: AR 40-400, AR 635-40

MEB Recommendations
DA Form 3947

- Return to duty within profile restrictions
  - **Must have unit Commander support**
- Trial of Duty
  - **Physician specifies time (ex: 120 days)**
- Refer to Physical Evaluation Board (PEB)

What is in a Soldier's MEB Personnel/Performance Data**

- **ERB/ORB/PQR**
- **Personnel Certificate is completed by the custodian of**
  the Soldier's 201 file (PSB)
- **Commander's Evaluation Letter**
- **NCOERs/OERs** (E-5 And above) (Last 3)
  (if necessary)
- **APFT SCORECARD** (Last 3 tests) (if necessary)
- **LES** (Current End of Month)
- DA Form **4187** (Name changes, loss of rank, promotions, etc)
- **RC Soldiers have additional requirements (see next slide).

Reserve Component Personnel/Performance Data

- Orders for all active duty periods – where injury/illness incurred
- Reserves – Chronological Statement of Retirement Points (ARPC 249-2-E) (commonly known as RPAS)
- National Guard – Retirement Points History Statement (NG Form 23) (commonly known as
- Approved Line of Duty (if necessary)
- 20 Year Letter if you have one

Unit Commander Actions for MEB

- Prepare a Commander's statement that includes:
  - **Description of Soldier's current duty performance (uniform, hours of work, etc.)**
  - **Special limitations of duty**
  - **Ability to adequately perform duties (PMOS)**
  - **Discuss current duty assignment, anticipated future assignments, branch, age, and career specialties**
- Complete LODI - DA Form 2173 (If Required)
- Ensure Soldier keeps all MEB appointments

MEB Process

- After completion of the MEB, the Soldier will be counseled and they will review the MEB findings and recommendations
- They can consult with a lawyer from the Office of the Soldier Counsel (OSC) or some other advocate before signing the MEB.
- The MEB will only state the Soldier does or does not meet retention standards IAW AR 40-501, Chapter 3
- The Soldier will receive a copy of their MEB and supporting documents for their files.

Can the Soldier appeal the MEB?

- **YES -** If the Soldier disagrees with any portion of their Medical Board, they have the right to appeal it.
- **The Soldier will have 3 working days to submit a written appeal stating why/what they disagree with on the MEB**
- The OSC can assist the Soldier with their appeal.
- The written appeal is then submitted to the Deputy Commander for Clinical Services (DCCS) for further consideration. Their appeal becomes part of the MEB

MEB Appeals

- The DCCS will review the Soldier's appeal and make one of the following recommendations:

  -- MEB stands as written

  -- Can send back to health care provider for further information

  -- Can forward to PEB with attachments or additional notes

Is there any way the Soldier can stay in?

- YES, the **Soldier** can submit a request for **Continuation on Active Duty** (COAD) or **Continuation on Active Reserve Status (**COAR)
  - https://www.hrc.army.mil/site/protect/active/epord/coad.htm

- The MEB counselor will provide the Soldier with specific criteria/details related to requesting this

- The Soldier can also obtain information and counseling on COAD/COAR from the OSC

- Generally, HRC is the approval authority for most requests
  -- G-1 is the disapproval authority for AW2 requests.

Why Does It Take So Long???

- Additional medical conditions are discovered after referral to MEB
- Soldier has appeal rights to ensure due process
- Availability of specialty consult services
- Awaiting personnel/performance data from Command
- LOD investigations are not completed
- Soldier misses appointment
- Soldier requests second opinion
- MEB returned for additional admin or clinical input
- Case put on hold for additional surgery/rehab to ensure Soldier has reached optimal care